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THE TRAINED NURSE AS A FACTOR IN MUNICIPAL HEALTH WORK.*

Of the many co-ordinate branches of the nursing profession there is probably no other affording the same measure of public service as that branch associated with municipal authorities in protecting the health of the public at large.

In numerous lines the trained nurse has been tried and not been found wanting, but in no one line has her need been more keenly felt, and her efforts more clearly productive of inestimable benefit to mankind, than in the part she has so worthily filled in municipal affairs.

During the past decade the nursing profession has made great strides in its chosen work, and the utility of the trained nurse as an adjunct in solving public health problems has been amply proven.

To New York belongs the honor of being the first city in the world to institute a system of school nursing under municipal control. In addition to this service, we have now a staff of nurses assigned to duty in the work of the prevention and cure of tuberculosis and a separate squad detailed to visit, and care for, cases of contagious diseases.

The work of the nurses attached to the Department of Health of New York City has been of great value. There is no longer a question as to the place of trained nurses in municipal health work. They have proved their efficiency and the system is an unqualified success.

In the branch of public service which has for its object the care and preservation of the health of the school child the trained nurse fills a most important position. The medical inspection of school children is a demonstrated necessity. The experimental period of this system has long since passed. Its worth and economic value are proven. The question is no longer, "Shall we have a system of medical school inspection?" but "How may we elaborate this system in order to obtain the best results?"

*Read before the Nurses' Association, Richmond, Virginia.

When the public once realizes the beneficent effects of this system, the means for its enforcement will most certainly follow. Money spent in this way is an investment of the highest type. Its dividends are mental, moral and physical health; invaluable assets for any community, from an economic and humanitarian standpoint.

Proof by means of demonstration is more convincing than infinite theorizing, and it is my purpose to tell you of our work in New York City and let it justify itself.

The first system of school nursing on record is that instituted by Miss Honor Morten in London, England, in 1898. This was pursued, in a small way, with the consent of the school management committee, but the work, as well as that instituted later in Liverpool, was paid for by public subscription collected by the School Nursing Society. It was not until 1902, when New York City placed this work under municipal control and on an organized basis, that the system, as we consider it to-day, can be said to have had its real inception.

In 1897 New York placed in operation a regular system of medical inspection of school children. This was the result of an investigation previously made to determine the extent in which the segregation of children in public schools was responsible for the prevalence and transmission of contagious diseases. It was found that many children were attending school while suffering from diphtheria and scarlet fever, as well as many of the less serious contagious affections.

For several years the physicians appointed by the Department of Health for this purpose visited the schools each morning and examined all children who were sent to them by the teachers as being suspected cases of illness. All children found affected with any contagious disease were immediately sent home. The weak spot in this system was that it placed on the teachers the responsibility of deciding as to the health of the child. The teachers were conscientious, and loyally co-operated with our efforts, but it was apparent that many cases escaped their observation. Notwithstanding this drawback, during the first year 108,628 children were examined and 6,829 were excluded.

In September, 1902, this defect was remedied by so elaborating our system as to include the inspection by the medical inspector of each child in the class-room at least once each week. The result of this more comprehensive care was startling. During the first month 10,567 children were sent home. As had always been the practice, each excluded child was given a card stating the reason for its exclusion. In the more serious class of contagious ailments such as diphtheria, scarlet fever, measles and chicken-pox the Department of Health assumed charge of the case and the child was under supervision until the termination

of the illness. Then a certificate was issued allowing it to return to school. These cases, however, were in a minority. By far the greater number of excluded children were those affected with pediculosis and contagious eye and skin diseases. These children, in many instances, received no medical care, and if they returned to school were promptly re-excluded. This seemingly encouraged truancy, and the class-rooms were seriously depleted. Another evil, no less serious than that of loss of schooling, was the fact that these children played in the streets and thus transmitted their affections to other children.

The Department of Education protested against the loss of school time of the excluded children. The Department of Health fully sympathized with this attitude and concluded that by utilizing the services of trained nurses this objection might be fully overcome.

The whole efforts of the system had heretofore been directed towards the policy of exclusion. A study of the situation showed that those children affected with the minor contagious ailments might be allowed to remain in attendance at school provided that they could be kept under regular control and treatment.

Miss Lillian Wald, of the Nurses' Settlement in New York, with the co-operation of the Department of Education and Health, evolved a tentative plan to test the expediency of employing nurses to solve this problem.

In October, 1902, one nurse volunteered her services, and during that month gave 893 treatments. As a result of her work 25 children, who had been absent, and who were not receiving treatment, were returned to school. She made 137 visits to the homes of excluded children and instructed the mothers as to simple but effective methods of treating pediculosis and contagious eye and skin diseases. In December, 1902, a staff of nurses was appointed and regularly assigned to duty.

In order to facilitate the work a card index system is used. This consists of one or more cards for each class-room so arranged that a record can be made of the name of each child affected together with the diagnosis of its disease. Columns are provided for recording the date upon which the child was ordered under treatment; date or dates when it was observed to be under treatment; dates of exclusion and re-admittance, and data regarding the termination of the case.

When the medical inspector examines the children each day, all of those affected with serious contagious affections are immediately sent home. The children affected with pediculosis, contagious skin diseases, and contagious eye diseases have their names recorded and are told to go to their physician, a dispensary or to the school nurse for treatment. All cases in which it is evident that treatment will otherwise be neglected are sent to the

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school nurse. None of these children are, at this time, excluded. At the end of forty-eight hours they are re-examined by the medical inspector, and if then they show no evidence of treatment they are sent home.

During 1903 the number of exclusions were 65,294; during 1906 there were only 5,398. This result was due very largely to the system of nursing. The main reductions were in the number of minor contagious ailments excluded. Using these two years, 1903 and 1906, as a basis of comparison, the reduction was as follows:

	1903	1906
Contagious eye diseases	32,525	2,746
Contagious skin diseases	4,029	495
Pediculosis	21,100	302

The nurses are each assigned a group of schools. They visit these each morning at a specific time, and the medical inspector sends to them the children needing treatment. Each child brings a slip of paper on which is written the code number indicating his disease. The nurses have a room in each school set apart for their work. The necessary supplies are furnished by the Department of Education. The methods of treatment to be used in each disease are established by the authorities of the Department of Health, so that the nurse follows a regular procedure in each case. The principal diseases treated by the nurse are: acute and chronic conjunctivitis, ringworm of the skin or scalp, eczema, scabies, favus, impetigo and molluscum contagiosium. Pediculosis is not treated in the schools. These children are assembled in groups and instructed as to methods of treatment, verbally and by means of circulars printed in a language suited to the nationality of the child.

Trachoma, for obvious reasons, is not treated by the nurse. These cases are so prevalent, however, that the Department of Health has found it necessary to establish a hospital and two dispensaries for its exclusive treatment. Nurses are assigned to duty at these places to assist the doctors in the necessary operations and treatment.

1,385 operations were performed and a total of 187,717 treatments given in the eye hospital and dispensaries during 1906.

The children report to the nurse, at stated intervals, as long as treatment is indicated. They are thus kept under constant observation, lose no time from their school duties, and on account of this persistent treatment the contagious element is kept under control and the children are no longer a source of danger to their schoolmates.

In the spring of 1905 the medical inspectors began making complete physical examinations of the school children. They now go through the class-rooms for a routine inspection only at the beginning of each school term. The medical inspectors make

their morning visit and inspection of the children, but the nurses make the weekly routine inspection in the class-room. If there is any doubt as to the diagnosis of any case the nurse sends the child to the doctor. Those children affected with the graver forms of contagious disease are excluded, but those with minor forms are kept under her control and report to her as usual for treatment.

After school hours the nurse obtains from the records of the doctor the names and addresses of all children who have persistently neglected treatment. These she visits at their homes, and this work has proved to be especially valuable. Too much credit cannot be given to the nurses for the humanitarian efforts they have displayed. The mothers are often antagonistic, and tact and persistency are needed to overcome their objection to what they at first frequently regard as an intrusion. No instance has ever come to my notice in which the nurse has failed in this, the highest spirit of her profession. Many helpful suggestions and practical aids are given by the nurses. Often the actual work is entirely outside of the duties required of them. Cases of poverty have been brought to the attention of charity organizations. The need of cleanliness in the home is tactfully demonstrated, the children are inspired to greater attention to personal hygiene, and when the purpose of the nurse's visit is once understood the response is generally hearty and most gratifying.

This part of the work of the nurses is by far the most important in its direct results, and most far-reaching in its direct influence. In the first visits made by the nurses it was amply proved how often the efforts of the medical inspectors were defeated by the ignorance of the parents. They found the envelopes, containing the exclusion cards, put away unopened. They detected the unsanitary conditions that were propagating the very troubles for which the children were excluded. Instances were common of children with contagious eye disease using towels and other linen in common with the entire family; whole families were found with neglected pediculosis, showing the futility of curing the school child only to have it reinfected at home, and there were numerous instances of children with contagious skin diseases working upon, and carrying bundles of, sweat-shop clothing. Unsanitary conditions of dwellings, defective plumbing and filthy yards furnished a clue as to the propagation of disease. Many cases of contagious diseases were discovered.

It was evident that the ameliorative efforts of the medical inspectors were rendered of little use in the face of such home surroundings. The real preventive work must be accomplished in the home.

When the mother is overburdened with work, or where there

are smaller children who cannot be left alone, the nurses often take the children to a dispensary. As soon as evidence of treatment is shown the child is allowed to return to school, and the nurse persists in her visits and advice until this desired result is achieved.

Thus the time lost from school work is reduced to a minimum and, as I have already shown you, the number of exclusions has markedly decreased.

During 1906 the nurses made 10,207 visits to the schools. They gave 565,427 instructions for pediculosis and trachoma and gave 96,009 treatments for contagious eye and skin diseases, having a total of 48,226 children under treatment. 27,572 visits were made to the children in their homes.

The improvement in the children, aside from the cure of disease, has been marked since the nurses were assigned to this work. They take pride now in their personal appearance. Clean hands are the rule instead of dirty ones. The use of the tooth brush and wash cloth is an actual verity instead of a dreaded theory. Even clothes are cleaner and general bathing more frequent. The well-known story of the children who have their clothes sewed on them for the winter is becoming a legend of the past.

In the complete physical examination of school children, as now practiced by the medical inspectors, the nurses have been of great service. In each case where any abnormality is discovered a notice to that effect is sent to the parents with the advice that the child be immediately placed under medical care. By a system of return postal cards, to be filled out and mailed by the physician, we are enabled to know whether or not the child has been attended to. When this postal is not received by the Department a nurse visits the family and explains the need of treatment. In this regard I wish to quote the following from the annual report for 1906 of the supervising nurse:

"The year just finished has proved one of remarkable interest and profit to the children, owing to the persistent teaching of cleanliness by the nurses. The most gratifying result, perhaps, is the bright, intelligent look in the faces of many of the children who used to look tired and careworn. This is principally due to the care given to the eyes, and the constant efforts of the nurses in obtaining glasses for the children with defective sight, in many instances paying for the glasses themselves rather than see the children go without.

"The nurses have taken a number of children to hospitals and dispensaries for the removal of adenoids and enlarged tonsils when the mother was unable to do so. The results are remarkable. Children formerly considered 'defectives' are among the brightest and most studious in the class. The children are more careful in keeping the skin and hair clean; filthy clothes

are now an unusual feature, and the air in the class-rooms is decidedly better owing to the prevailing cleanliness."

In this work of the physical examination of school children it is of interest to mention the amount and character of the results. During 1906 there were 78,401 children examined—of these 56,259 were found to be in need of treatment. Included in the abnormalities discovered were 17,928 instances of defective vision; 39,597 cases of defective teeth, and 27,744 children with enlarged tonsils or adenoid growths. 66 per cent. of these affected children were of foreign birth.

Contagious Disease Nursing.—The nurses assigned to duty in the care and nursing of cases of acute contagious diseases are restricted to this class of work. The cases visited are those reported as needing this care by the medical inspectors of the Division of Contagious Diseases. They include diphtheria, scarlet fever and measles.

The nurses report daily, except Sunday, at a specified time and place, receive a list of the calls to be made, and prepare their bags for their daily rounds. Each bag contains an aseptic gown, cap, gauze, cotton, thermometer, scissors, solution of carbolic acid, bichloride of mercury tablets, boric acid powder, alcohol and tincture of green soap. Each nurse changes her gown for one of washable material before beginning her "rounds."

Arriving at the home of the patient, she removes her hat and wrap, hangs them in the least infected spot, puts on the gown and cap, and prepares a solution of bichloride of mercury for her hands. She then ascertains what treatment has been ordered by the physician in charge of the case and proceeds to carry out these orders.

When no orders have been left, the usual mode of treatment consists in giving a bath, cleansing the mouth and making the bed clean and comfortable.

All clothing is immersed at once in a disinfecting solution. The necessity for this, as well as for isolating separate dishes for the patient, is impressed on the family. Instructions are given as to complete isolation of the case and methods to be used in preventing the spread of the contagion.

A written record of everything done for the patient is left for the physician.

Having made the patient as clean and comfortable as conditions will permit, the nurse removes her own protective clothing, replaces them in the bag, and, having disinfected her hands and put on her street clothes, goes to the next case.

After the work for the day has been completed, the nurse returns to the office, puts her nursing outfit in a basket provided for that purpose, and sends them to the disinfecting station for sterilization. This is done each day.

Care is taken to assign patients with the same disease to each nurse.

Included in the work performed by these nurses is giving baths for the reduction of temperature, for general cleanliness and to aid desquamation. Inunctions, enemata, irrigations and spraying of different affected parts are part of their duties.

Mothers are instructed in the proper preparation and administration of food and medicines, and how dishes and clothes are to be disinfected. Hangings and old clothes are removed from walls; children are taken from feather beds in dark rooms and put where as much light and air as possible may be had. Many things which are sources of contagion are removed, and the most hygienic conditions the homes will allow are carried out.

This work has proved a valuable adjunct in the prevention of contagious diseases as well as in their care.

During 1906 the nurses in this division made 4,959 visits to patients ill with scarlet fever, measles and diphtheria.

Tuberculosis Nursing.—Under the system of compulsory notification of all cases of tuberculosis the physician reporting the case is asked by the Department of Health whether he wishes the case visited and instructed. No case reported by a private physician is visited without his consent. All cases reported by charitable organizations and by clinics are taken in charge by the Department.

In order to limit the spread of this devastating plague, it is not enough to know that the case is being treated. It is of equal if not greater importance to keep the case under observation and control and so educate the patient and the family that the former may have a greater chance of recovery and the latter be protected from acquiring the disease. This can only be accomplished by personal visiting, and the trained nurse here finds a broad field for effective work.

As a part of the scheme having for its object the prevention and cure of tuberculosis the trained nurse has proved herself almost indispensable, and certainly the energy expended in combating and eliminating this dread disease is humanitarian work of the highest type. The results so surely attained are their own reward. In New York City each nurse has a district and each day receives a list of all cases she is to visit. The sanitary condition of the premises is noted, and if in need of attention a report is made to the proper authorities. Care is taken to learn the domestic and financial condition of the patient; need of assistance; knowledge on the part of the patient of the nature of his disease; the care taken to prevent the spread of the disease, previous or simultaneous occurrence of other cases in the same family or on the premises, and if the case is under treatment, with name and address of the physician or institution. When the patient knows he is suffering from tuberculosis, full instructions are given. In every case, however, the danger of promiscuous spitting and the necessity for the destruction of the sputum is clearly pointed out, and the family are always instructed.

All of the above data is recorded on a special card, and this is returned to the Division of Communicable Diseases. Recommendations for the correction of unsanitary condition of the premises, as well as need of financial assistance, are transmitted to the proper authorities. Sputum cups are provided free, careful instructions are given as to the disposal of sputum, the use of separate eating utensils, the necessity of fresh air, the advisability of sleeping alone, and essential general hygienic care.

If the patient has no regular medical care he is referred to a dispensary. If milk and eggs seem desirable for the patient's welfare and he is too poor to obtain them, arrangements are made for a daily supply from a diet kitchen.

Suitable cases are urged to enter hospitals or sanatoria. In short, the nurse personally urges and instructs as to sanitary requirements favoring the recovery of the patient and the limitation of the infection. A circular of information to consumptives and those who live with them is left in each case.

Cases are revisited at regular intervals. In event of removal, recovery or death of the patient, the nurse reports this fact, and the Department of Health orders the premises disinfected or renovated. If patients persistently neglect medical treatment and sanitary precautions, and thus become a menace to others, forcible removal to a hospital is recommended.

In connection with this work, nurses are assigned to duty at the Department of Health clinics for the treatment of communicable pulmonary diseases; at the Department hospital for tuberculosis cases on North Brother Island, and at the Department of Health's tuberculosis sanatorium at Otisville, New York.

Altogether the Department of Health in New York City employs a staff of 75 nurses; 53 are assigned to the Division of Medical School Inspection; 3 to the Division of Contagious Diseases, and 19 to the Division of Communicable Diseases for duty in the various branches of the tuberculosis work.

In conclusion, let me state that every municipal health board should have a nursing service. Without the services of the nurses, the work of medical inspection of school children and prevention of tuberculosis cannot be thoroughly and effectively performed.

The trained nurse as a factor in municipal health work is a force potent for good, and her latent possibilities have not yet been fully developed.

As a result of our experience in New York City, I can unqualifiedly commend the employment of nurses as aids in the work I have outlined. I trust that such a nursing service may soon become an established fact in every community.

THOMAS DARLINGTON M.D.,
Commissioner of Health.

New York.

THE DEEP SEA MISSION HOSPITAL AT ST. ANTHONY.

In 1895 we paid our first visit to St. Anthony. We had come from St. John's in the mail boat, and landed here to join Dr. Grenfell in the SS. "Sir Donald" (a little steamer given by and named after Lord Strathcona.) In this little boat we sailed across the Straits of Belle Isle to Labrador, Battle Harbor, and on to Indian Harbor—two hundred miles north. The people were proud to show us about the place, and they pointed out a spot where a church had once stood, and had been completely blown away one night. They told us how much they would like to have a hospital like those on Labrador. At that time it seemed impossible that their hopes would be realized. These fishermen prayed that they might have one, they pleaded with Dr. Grenfell. They said they would get the wood and help to build it. At that time he was powerless to grant their request for want of funds. At last the doctor decided to spend a winter with them, and he saw how great the need was for such a hospital. The only other hospital on the island was at St. John's. No hospital, no doctor for hundreds of miles. The people poverty stricken, and nearly starving in the winter after a bad fishery.

One day he himself headed a band of some forty fishermen, and went into the woods to cut the lumber, and great was their joy when the first load of lumber was hauled out by dogs and komatik, so "faith" and "works" won the day. They continued doing this for some winters, and in 1903 Dr. Grenfell spent his first winter in the hospital, which was far from being finished. He had to go up a ladder to his bedroom, and in every room there were shavings, and lumber drying. He had a young Englishman, and a Canadian as companions, and one of them did the cooking—sardines and cheese were the principal things they had.

Many patients came for treatment; some had to be taken in. One of the native women came to help look after the patients.

In 1904 Dr. and Mrs. Simpson had charge of the hospital, and the following winter Dr. Grenfell and I. Work was begun in real earnest in the now completed hospital of sixteen beds, with an operating room quite up to date. Cases for operation soon came in, and were sent home quite well. Besides our patients we had five orphan children, for as yet the orphanage was not finished, and we had no one to take charge of it.

At Christmas we had an outbreak of measles in the harbor, which was traced to a man who had been to St. John's. In spite of isolation seven of our family were down, including the cook, and one of the maids. Of course, no more cases could be taken in until the measles were over, and the place disinfected.

In February the children went to live in the orphanage. We got a widow to look after them under my superintendence. Then

began classes for basket-making and sewing—while other members of our staff had classes for carpentry, weaving and drill. During the season here we had fifty cases and twenty operations. The following are some of the cases we had in: Gun-shot wounds, hernia (one of these patients was sent home as incurable from St. John's; he did remarkably well, and says he is a new man), mastoiditis, tubercular glands, beri-beri, pneumonia, phthisis.

Our staff consists of two ward maids, a cook and housemaid. They are all native girls. The ward maids are trained to do the work of a nurse, but on account of their lack of education one is unable to make very much of them. They are willing, obedient, and do not mind in the least what they have to do. Some are very quick to learn. One ward-maid afterwards became matron of the fever hospital at St. John's.

To get a good cook is a great difficulty. The most they have ever seen cooked is salt beef and pork, cod fish and "plum duff." So that food for very sick patients and ourselves has to be done by the Sister in charge.

On Christmas Eve the order was given to the cook to be sure and have the pot boiling ready for the pudding to go in directly after breakfast. On entering the kitchen the next morning the first question asked was, "Does the pot boil, cook?" "Yes, Sister, and the pudding is in, and he's been boiling a good spell." The pudding in the pot! It must come out or else it will boil two hours too long. It was taken out, and put into a steamer, and the puddings for the patients put into the pot.

On going into the kitchen again, the cabbage was found to be in the pot with the puddings! It was "hauled" out, washed, and put into another saucepan.

The nursing of patients, the operations, training of girls for their different work, the cooking and classes give one plenty to do, and make life very interesting and happy, because the work is done for One who has said, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me."

CECILIA WILLIAMS.

THE HEAD NURSE—VIII. ORDERS AND REPORTS.

To have the orders written so clearly and plainly that they are easily understood is the first step toward having them carried out. This is another of the important duties of the head nurse. The orders actually given by the physician constitute but a small part of the treatment actually required. In most hospitals there are "standing orders"—general instructions to be observed in regard to all patients, unless exceptions are definitely made for good reasons. Years of experience with nurses, good, bad, and indifferent, has taught at least one superintendent that if good

nursing is expected, the standing orders cannot be too full, too definite or explicit, or posted too conspicuously. One would naturally expect any nurse to know enough, for instance, to comb a female patient's hair every day without being told. It is only after repeated disappointments, because of taking things for granted, that superintendents have learned to include such commonplace duties in the standing orders. It is not a good plan to depend on standing orders being written in the front pages of the order book. There is always the danger that they will not be carried over to the new book and some part of the house will be without standing orders. Neither is it well to simply post a copy on the wall to be removed by the pagan house-cleaners and possibly be carried out with other papers. Have the standing orders printed or typewritten, framed under glass, and posted in the bathroom, diet kitchen, over the writing table, or some other place where the nurses cannot fail to see them frequently.

When one sees the lack of system of writing orders that prevails in some hospitals, the wonder is that any orders are carried out promptly and properly. Such carelessness, if it were to take place on a railway system, would cause the public to raise its hands in horror and appeal to the government to interfere. It may seem like laying a great burden on head nurses to say that the daily orders for each patient should be written each day, but it is the only safe, proper rule to follow regarding hospital orders where acute cases are being handled. If the ward is devoted to chronic cases or ambulant cases, or convalescents, perhaps such rulings might be relaxed, and yet we all admit that the period of convalescence is fraught with many dangers; but with the active service that is now the rule in general hospitals, where life and death are always in the balance, too great care and supervision over orders cannot be exercised. The method used varies greatly. In some hospitals an order sheet is attached to each chart. In others a separate medicine list is kept. In others the orders are collected from the separate order sheets and are arranged with the standing orders for each patient that are to be specially observed that day, and transcribed in a book. After a trial of several different methods the system of having a record sheet kept for every patient from the time he enters the hospital, with a space at the bottom of each sheet for the physician's orders, has been found far the most satisfactory. Separate order sheets for the physician are so likely to become detached and to accumulate and make the chart cumbersome to handle. The pupil nurse is responsible for executing the orders written in the order book by the head nurse. The head nurse is responsible for taking down the physician's order (if he will not write them himself) on the space for that purpose at the bottom of each sheet, and for transcribing them in the general order book. While this latter method may take more time, it is the surest and best method, especially when deal-

ing with probationers or inexperienced nurses. Instead of having to handle half a dozen or a dozen chart files, to see what her duties are, the pupil nurse finds her orders grouped together in one book and can check off each order as it has been attended to. Thus: John Smith may need to have his temperature taken every two or every three hours, while John Jones, in the next bed, requires it only morning and evening. John Smith may have to be bathed every day or every few hours, John Jones but twice a week. When the standing orders say that each patient must have a bath twice a week, it might be expected that John Jones would get his bath without further orders, but it has been found that Saturday has come without John Jones having had his first bath for the week, when his second one should have been due. Therefore, it behooves the head nurse, who wants good, prompt nursing, to state in the orders for the day, that John Jones must get his bath this day. A specimen order might read as follows:

"John Jones, T. P. R. q. 3h. 8-11-2-5.
Bath a.m. Fluid diet, milk 3 oz. with limewater, alternating with chicken broth 3 oz. q. 2h. 6-8-10-12-2-4.
S. S. enema a.m. Strych grain 1|40 hypo. 12 and 6. Measure urine. Prepare for clinic, 2 p.m.

With orders written thus for each patient, there is no excuse for omissions, no excuse for a nurse who says she did not know she was to do this or that to-day. It is never a good plan to write the orders for some patients and say, regarding others, for instance, "see page 4 for Black's orders." Let the orders for each patient be grouped together for the day and then hold the nurses accountable.

In addition to writing orders distinctly and definitely, it is well for the head nurse to call attention to any change in dosage. This ought not to be necessary. If every nurse read her orders carefully, it would not be necessary. But there will always be nurses who need special admonition along this line. For instance, the dose of strychnine might be ordered increased or decreased. If the nurse's attention is not called to the change, she may glance at the word strychnia, overlook the dose and continue the first order. These things do happen, and the thing to do is to make it as difficult as possible for a nurse to make a mistake, and as easy as possible for her to do the thing required of her. If we want exactness in nursing we must use every possible means to secure it.

In the matter of records there is still much to be desired in a great many hospitals. If the bedside records kept by some nurses, were to be shown as evidence of the thorough work done by the hospital, they would present a sorry exhibition. Thoroughness in this respect only comes as a result of careful training and supervision. To know how to state concisely and clearly, the exact facts about a patient, is no insignificant accomplishment.

It means that careful teaching in how to observe and record symptoms and facts has been given and practised, and the teaching can begin with the first day of the probation. In this, as in other matters, it is a good rule never to take anything for granted. A probationer who has been shown how to give a laxative enema has doubtless been led to believe that a good result was obtained with a free evacuation of the bowels. She was told, perhaps, to note on her records, "good result." Such a girl might be excused if, after giving a pint of salt solution, which was intended to be retained and absorbed, she recorded a "good result," when the patient immediately expelled it. She might be excused, but her instructor should not be excused for not having given clearer teaching regarding it. Thus, these practical points might be mentioned by the dozen. An instance just now comes to mind. In a post-graduate training school, to which no nurse was admitted till she had a diploma from a general hospital, a graduate nurse, a few days after her arrival, was ordered to prepare a patient for a vaginal operation. The orders were written. The patient was to have a vaginal douche, among other things, by way of preparation. A few minutes before the clinic hour arrived, the head nurse was appalled to find that the vaginal douche had been given, without removing a filthy, foul-smelling vaginal tampon, that had been placed there nearly a week previously, though the strings were plainly visible and the tampon was an obstruction to the nozzle. Such things would never occur if all our head nurses and superintendents taught the simple duties thoroughly. It was a disgrace to that hospital, to have sent out a girl, after a three years' course, who had not been taught that vaginal tampons must be removed before cleansing douches or any other kind of douches are given. The superintendent probably took things for granted.

There are certain facts that should be made a matter of record on every sheet. First the patient's name, thus "Mrs. Mary Smith," not her husband's name, Mrs. Peter Smith. The physician's name, the date, and the name of the nurse, should be filled in the blank space provided, not only on the first sheet, but on every sheet. The amount of sleep should be estimated in hours. Such statements as, "slept pretty well," or, "had a good night," are too vague and general to be worth anything. If a patient is on fluid diet, the exact amount and the food that has been taken should be noted. In other cases, the class of diet will be sufficient, unless in case of gastric or intestinal disturbance, when it will be best to state the articles of food given.

One thing that usually requires great emphasis, careful watching, and strict dealing, is the time when records are made. Nurses who are otherwise conscientious will often allow hours or half days to go by without making a single entry. Then they will guess at hours, trust their memories for temperatures, pulses, and respirations of half a dozen patients, put down a haphazard esti-

mate of doses given, and call that sheet "a clinical record." As a statement of facts it is not worth the paper on which it is written. Records that look neat, on which the penmanship is beautiful, the statements made in correct style, are often, in fact, nothing more than records of a nurse's unreliability. A case comes to mind of a graduate nurse on a special case in a hospital. The case was intussusception, about seven inches of the bowel having been removed. The little fellow was crying piteously from hunger one afternoon when the superintendent went in. The nurse had gone out for a few hours. Thinking it might be time to give him some nourishment the superintendent picked up the record to see when the last had been given. It was then about 5 p.m. Not an entry had been made since the physician had made his morning visit at 9.30. The superintendent took the pains to notice the record the next morning, and everything was set out in beautiful shape. Every hour, even while the nurse had been away, she had given him some treatment, according to her record. This is the kind of thing that superintendents have to watch for and fight for continuously with some nurses.

There is only one thing worse than neglecting to make records at the proper time, and that is, recording before the thing occurs. This is done, unfortunately, by some nurses, probably, in every hospital. Nurses who have given a good report of themselves in other ways, have fallen under that subtle form of temptation. They have been found recording as having given, for instance, eight o'clock treatments at half-past six. On inquiry as to how it came that a record was made of nourishment given to a patient at eight o'clock, when it was still only half-past six, the nurse said she "happened to have a little spare time and she thought she would just fix up her records." She said that, of course, she would do everything she had written down. Her intentions may have been good, though her methods were bad, but can any hospital afford to bother providing paper and pens and ink to record what a nurse *intends* to do? Why, volumes might be written every week about nurses' intentions, but what good are they? What the hospital wants and the physician wants, are facts regarding duties actually done, things or conditions actually observed. Nothing else has any value for them as records, and yet this thing will continue to be done by some few nurses in every hospital, unless a strict supervision over all nurses, and all records, is the rule, and unless there is a severe penalty attached to such an offence. To the self-respecting citizen the laws against stealing are no burden. To the self-respecting nurse, the laws against such practices will be no burden, and they do help to deter the weaker characters from giving way to such temptation. There is only one word needed to characterize such actions, the little word, l-i-e, unqualified. If a record says anything to a physician, it says of a certain thing duly entered at a certain hour, "I have given that treatment," when the facts were the nurse had recorded

her own intentions as facts. The value of any record depends, after all, pretty largely on the conscience of the nurse who makes it. For this reason, a poor penman, and a poor speller, with good natural ability and a good, healthy, active conscience, is worth infinitely more in the sick room than the cleverest college graduate, who keeps her conscience wrapped up, or never uses it except when some one else is around.

A weak point in many records is in the neglect to note important facts. This seems an absurd statement, but it is true. There have been stored away in the archives of some hospitals, records of midwifery cases in which the birth of the child was never mentioned. The circumstantial evidence was pretty strong that there had been a baby connected with the case. Here and there on the record, it was stated that the "baby nursed," or had its temperature taken, or perhaps had a bath, but when that baby arrived on the scene of action, whether it was a male or female, whether it was white or black, whether it was normal or defective in any way, whether it weighed two pounds or ten, the nurse entirely neglected to record. The same thing is true of operative cases.

In recording the course of surgical cases or midwifery cases it is a good plan to note the days as they pass, counting from the event thus, Monday, January 24th—Fifth Day. It is quickly done and it saves a doctor's time in counting back, as he usually does, in considering the removal of stitches, dressings, sitting up, etc. The date and the hour of an operation should always be noted on the nurse's record. The operating room records should contain the report of the operation, what was done, what anesthetic, sutures and ligatures were used, together with a general statement of the findings at the time, but that does not excuse a nurse from stating, or her records at least, the time the patient went to the operating room and returned.

Another point that should always be noted is that a wound was dressed. It is much more important many times to note that fact, for instance, than that a temperature in which there was no change from day to day, had been taken. Yet the one is done, and the other left undone as routine practice in some hospitals.

Another point that helps in various ways, is to require nurses to state on the records when a drug is discontinued. The length of chill, the character of the breathing, if at all unusual, the appearance of any abnormal discharge from a cavity, or eruption on any part, are points that require a little special emphasis with many nurses. For instance, in the case of a colored boy brought into the hospital with frozen feet, the doctor watched the toes carefully, instructing the nurse to observe closely certain symptoms. His medicine was regularly given, the general care was good, but of five nurses and an interne, besides the physician in charge, who had been on duty with that colored boy, not one of

them reported a suspicious-looking eruption that was on his hands, face, and other parts of the body, until a bright, wide-awake, young man nurse was put on the ward, and the first day reported these suspicious findings to the superintendent. It was one of the worst venereal cases that had ever been admitted to the ward, and yet no precautions had been taken to prevent infection till nearly a week had passed. Nurses are prone to fall into ruts and get into the habit of mechanically reporting what they themselves *do,* while they often neglect to note important facts which they see, or ought to see.

It is well, also, that the head nurse should not fail to correct a tendency, sometimes manifested, to unintentionally attempt a diagnosis and record it. For instance, a nurse will thoughtlessly state that a patient is suffering from neuralgia, or is hysterical, when, as a matter of fact, the ablest physician will sometimes find difficulty in deciding whether he has to deal with hysteria or neuralgia.

The ability to decide between significant and unimportant symptoms comes only with careful instruction, experience and practice extended over a long time, but it is safer to teach nurses to lean to the habit of keeping full records, rather than that, for the sake of brevity, they should neglect to note facts that have an important bearing on the case. CHARLOTTE A. AIKENS.

SHAKESPEARE WEEK IN LONDON.

Shakespeare week in London, was celebrated in a fitting and thoroughly enjoyable manner by the London Shakespeare League.

The commemoration was inaugurated by a reception at the Mansion House, by the Lord Mayor and Lady Mayoress, followed by a most interesting entertainment—Morris dances, Folk songs and singing games, all executed by children dressed in the quaint costumes of Shakespeare's time.

On Tuesday was held the Annual Shakespeare Day Dinner, when Dr. Furnivall, president of the League, occupied the chair. The bard of the evening was Mr. Mackenzie Bell, whose commemoration sonnet I have his kind permission to give you.

Shakespeare, thy legacy of peerless song
Reveals mankind in every age and place,
In every joy, in every grief and wrong:
'Tis England's legacy to all our race.
Little we know of all thine inner life—
Little of all thy swift, thy wondrous years—
Years filled with toil—rich years whose days were rife
With strains that bring us mirth, that bring us tears.
Little we know, and yet this much we know,
Sense was thy guiding star—sense guided thee
To live in this thy Stratford long ago—
To live content in calm simplicity;
Greatest of those who wrought with soul aflame
At honest daily work—then found it fame.

MACKENZIE BELL.

A delightful May Day Festival was held in Great Hall, King's College, on Wednesday evening, when again the children were our entertainers. I wish I could reproduce for you the pretty picture they made in their quaint costumes and their graceful attitudes as they danced and sang, from good Queen Bess to her mite of a trumpeter. The plaiting of the May pole was particularly interesting and was perfectly executed.

Mr. Ordish introduced us, on Thursday evening, to London in Shakespeare's time in his interesting talk "Rambles in Shakespeare's London," accompanied by lantern views. Afterwards over a cup of tea, we had an opportunity of a few words with the aged and genial president, Dr. Furnivall.

On Friday evening Mr. Leigh gave his "Reading of Richard III.," and our only regret was that it was over so soon.

A ramble to places of Shakespearean interest on Saturday closed a week the memory of which will be treasured. The party gathered at Southwark Cathedral, which has a beautiful memorial window to Shakespeare, and whose records contain the signature of Edmond Shakespeare, who is buried there. These were seen by the kindness of Canon Thompson. Then Mr. Ordish conducted the party along Stony street—the N. & S. road between Scotland and Dover built by the Romans—to the site of the Globe Playhouse where Shakespeare presented his plays, on to the sites of the Rose Theatre, the Bear Garden, the Pike Gardens where Queen Elizabeth got her fish, the Falcon Inn, the Swan Playhouse and Winchester House. Then across Blackfriar's Bridge to Blackfriar's Church where the St. Dominican Order had their monastery, a piece of the old wall of which is still to be seen. And on to Wardrobe Place and the College of Arms, where Shakespeare applied for a coat-of-arms. Then to the church of St. Mary of Aldermanbury where stands a beautiful memorial to the publishers of Shakespeare's first folio. This memorial, erected by the Shakespeare League, very fittingly takes the form of a bust of the poet with the open folio below.

Here in the rain Mr. Ordish read to us Mr. Mackenzie Bell's sonnet "Shakespeare in London," which the poet very kindly gave me, and which I have his kind permission to give you.

Who comes, a man in mind, a boy in age,
  Hope's golden music ringing in his ears,
To conquer London single-handed—wage
  Battle with Chance—battle with strong compeers?
And now, who leaves the conflict—victory won,
  Who bids farewell to London's glorious strife,
To brood by Avon-lilies that have shone
  Bright in his brain through all that stress of life?
As homeward-wending towards the little town
  He left—how brief the time! without a name.
What are his visions? Does he see the crown
  With which the world shall crown him? does the fame
Of Shakespeare reach him? Does the sky-lark sing?
"Behold our Will come back—the poet-king!"

MACKENZIE BELL.

I intended telling you about my visit to Stratford-on-Avon, but I fear this is already too long.

B. CROSBY.

EXTRACT FROM LETTERS FROM MISS MAYOU.

St. Anthony, Newfoundland, May 1st, 1907.

Some of our classes have had to end sooner than we had intended owing to an outbreak of scarlet fever in the harbor, fortunately of a mild type. But the people are so careless about carrying infection, and think any kind of isolation entirely superfluous. One woman was very much hurt because she was not allowed to do the hospital washing while two of her children were in bed with the fever. Our cold weather still continues, the harbor is frozen solid across, and May celebrated her coming in by giving us a regular blizzard, though some previous days of rain and warm sunshine had melted a good deal of the snow, and made the travelling so bad that the dog posts have stopped, and nothing now can go out or come in until the *Portia* arrives. She was due to leave St. Johns yesterday for her first trip of the season, but there is such a quantity of "slob" (drift-ice), extending as far on the horizon as the eye can reach, that unless some strong winds from the west or south spring up she will not be here for some time. . . . How enthusiastically Dr. Grenfell has been received everywhere this winter, but success will not have spoiled him, he will come back the same unassuming, straightforward man, giving up himself for others.

A post-graduate course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

The Guild of Saint Barnabas

"Je le pansay; Dieu le guarit." [I tended him; God healed him.]
—*Ambroise Paré.*

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.
District Chaplain—Rev. Arthur French, 1773, Ontario Street.
District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 491, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

At the request of Miss Wood, an open meeting was held at St. Stephen's Rectory, Toronto, on Friday evening, June 14th. It was unfortunate that the attendance was again small, as Miss Wood was most anxious to meet more of the nurses—only 13 were present. Those who were there thoroughly enjoyed the General Secretary's address. She spoke of nursing in the days when three months' training was considered sufficient, when ladies shunned the profession as lowering and degrading, when Sarah Gamps haunted the sick-room, and the patients' comfort and welfare were nothing to those who had the care of them. Night nursing was unheard of until the curious system was introduced by which one nurse remained on duty three nights, doing as much day duty as her strength would stand. Wounds were very much longer in healing, no antiseptics were used, and the dressing was usually "tow." As time went on the profession of nursing came into higher repute, and ladies began to take up the work. In 1876 the Guild of St. Barnabas was formed, which lays emphasis upon the religious aspect of a nurse's profession, so likely to be forgotten in her busy life, and by setting before her a rule of life constantly reminds her that her work is dedicated to the Master.

The members of the Guild of St. Barnabas thank Miss Wood for her helpful addresses, and wish her God-speed and a safe return to her home in England.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.

—Sir Walter Raleigh.

THE longing for ignoble things;
The strife for triumph more than truth;
The hardening of the heart, that brings
Irreverence for the dreams of youth;

All thoughts of ill, all evil deeds,
That have their roots in thoughts of ill;
Whatever hinders or impedes
The action of the nobler will;—

All these must first be trampled down
Beneath our feet, if we would gain
In the bright fields of fair renown
The right of eminent domain.

—Longfellow.

I THINK you should try, without any painful effort, to dwell upon God as often as a longing for recollection, and regret that you cannot cultivate it more, comes over you. It will not do to wait for disengaged seasons, when you can close your door and be alone. The moment that we crave after recollection is that in which to practise it; turn your heart then and there to God simply, familiarly and trustfully. The most interrupted seasons may be thus used; not merely when you are out driving, but when you are dressing, having your hair arranged—even when you are eating and when others are talking. . . . A passing thought of God during mealtimes (especially when they are long, and with considerable intervals), will be very profitable in helping you to resist self-indulgence and your exceeding fastidiousness. Besides, in the first hungry beginning of a meal there is often not much conversation, and then you can turn your thoughts to God. But all this should be done naturally as the inclination arises, and not constrainedly.—*Fenelon.*

PRAYER.—Almighty and Merciful God, Who art the Strength of the weak, the Refreshment of the weary, the Comfort of the sad, the Life of the dying, the God of patience and of all consolation, help me, O Eternal and Pitying God, help me to possess my soul in patience, to maintain unshaken hope in Thee, and to keep that childlike trust which feels a Father's heart hidden beneath the cross.—*T. Havermann,* 1516.

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Editorial.

CANADIAN MODESTY.

We have before now had an uneasy feeling that we were too young to be truly modest, and have watched in vain for any saving sign of this cardinal virtue. It is so no longer. Perhaps we are too self-conscious, but our readers may judge of our feelings when, now in midsummer, months after the event and after having celebrated the good deeds of English and American and West Indian hospital nurses in caring for the sick and wounded during the terrible earthquake at Kingston, Jamaica, we discovered that one of our own number, a graduate of Toronto General Hospital, had borne no small part in the work of these great and tragic days at Kingston. The following letter to Miss E. Maude Levy, from the Senior Medical Officer of Jamaica, and Miss Levy's own letter to Miss Snively, on another page, will place our readers in possession of the facts:

ISLAND MEDICAL OFFICE,
KINGSTON, March 11, 1907.

"Dear Miss Levy,—Allow me, in the name of this department, to thank you most heartily for so readily coming to our assistance at the hospital in a time of such need.

"Your work has been splendid and, as Miss Douglas states, 'will live after you.'

"I have to thank you for the very tactful and kind, as well as highly-efficient manner in which you have managed your wards, which were invariably a model of good order and cleanliness.

"I am only sorry that we have not got half a dozen Miss Levy's, in which case we should compare very favorably with any hospital in existence.

"Again thanking you for your goodness and assuring you of the high respect in which we all regard you, I am, yours, very truly, (Sgd.) "J. ERRINGTON KER,
Senior Medical Officer."

NEW FIELDS FOR NURSES.

A large part of the present issue of the magazine is devoted to Dr. Darlington's article on, "The Trained Nurse as a Factor in Municipal Health Work." Our chief reason for this is the growing importance of the medical inspection of schools and kindred subjects in Canada. In Halifax, in Hamilton, in Montreal, in Toronto, and in New Westminster there are movements in that direction. Dr. Roberts, the Medical Health Officer of Hamilton, has been appointed Medical Inspector of Schools, and has already issued an important report on the subject. In Montreal, some fifteen or twenty physicians were appointed to carry out the medical inspection of schools, and the truth seems to be that it was deferred for the present, because their first report showed that there was such overwhelming evidence that it was needed. Now no system of medical inspection of schools has yet been satisfactory or successful unless the aid of the nursing profession was enlisted. This opens to the most intelligent, well-educated, tactful and progressive nurses a new field of usefulness which they will not be slow to take advantage of, and all such should carefully preserve for reference Dr. Darlington's article. It may almost be called a hand-book of the subject, and is prepared by one of the best and most experienced authorities not only in school hygiene, but in municipal hygiene in general.

Editorial Notes.

ENGLAND.

The Infants' Hospital.—The foundation stone of the new Infants' Hospital, to be erected on a fine site in Vincent Square (said to be the only hospital in Europe devoted solely to the care of infants), was laid lately by the President of the hospital, H.R.H. the Duchess of Albany. The building will accommodate fifty patients. A pretty feature of the scene was the presence of the Guards' Home children, who, in bright scarlet cloaks and blue ribbons, lined the stairs. The new building is a memorial to the late Mrs. Robert Mond, who loved the work of the hospital, by her husband, who is erecting it, and handing it over fully equipped to the trustees, that it may "perpetuate the influence for good which radiated from her personality."

London Children's Hospitals' Milk Supply.—The following admirable rules have just been adopted at a general meeting of the Governors and Medical Staffs of the London Children's Hospitals: 1. The milk shall be pure, genuine, and with all its cream as yielded by the cow, and absolutely free from any and every kind of adulteration, including preservatives. It shall be of such

quality as shall produce at least 3.5 per cent. of butter fat. 2. It shall be supplied from a farm, or farms, whose name, or names, and locality are notified to the hospital. 3. It shall be permissible for an authorized representative of the hospital to inspect such farm, or farms, at any reasonable time. 4. The cows supplying the milk shall be in a good state of health, and the veterinary surgeon shall give a certificate at least once a quarter to that effect. 5. The milk shall be strained and refrigerated at the farm, and there canned and sealed. 6. The milk shall be delivered, sealed, at the hospital, within 24 hours of milking. 7. It shall not be "pasteurized" or treated otherwise than as mentioned in Clause 5 without the written sanction of the hospital authorities. 8. It is advisable that the milk as supplied to the hospital should be tested bacteriologically and chemically once a week. 9. That the name of the medical officer of health of the district in which a supplying farm is situated be furnished by the contractor, and that he be informed of the relation between the farm and the hospital, and that he and the clerk of the urban district council be supplied by the hospital for their information with a copy of these recommendations.

SCOTLAND.

Scotland.—The Prince and Princess of Wales recently paid a visit to Glasgow which will long be remembered by the citizens, institutions, and public interests of that great city. It is understood that the Royal visitors worked in public at least seven hours a day and gladly did many things to help the city and its institutions. One of the most interesting duties then performed was the laying of the corner stone of the new Royal Infirmary, in Gatehouse Block, which is to take eight years to build, and will, it is thought, mark a new era in hospital building. The Royal Infirmary nurses were assembled within the quadrangle as Their Royal Highnesses arrived for the ceremonial, and by some happy thought spontaneously sang the National Anthem, for which they were rewarded by a kind appreciative look from the Royal visitors. In the evening a dance was given to the nurses, to celebrate the occasion, in Cathedral Hall.

INDIA.

The Calcutta Nurses' Association.—Originally founded in 1859, by Lady Canning, this the oldest nursing association in India, has now 122 nurses. Since 1881 the training and supervising of the nurses has been done by the sisters of St. John the Baptist, Clewes, England. Several of the nurses work in Ceylon.

Lady Roberts' Nurses.—It has been well said of them: "They are ever ready and ever true to the toils and tasks they have to do." Lady Roberts, who was then residing in India with her husband, the Commander-in-Chief, began in 1886 to organize the military nursing service in India, and this was really the beginning

of Queen Alexandra's military nursing service. Lady Roberts' nurses are now chiefly in the Punjab and the north-west where, in the Tirah Campaign, and in every other time of need, they have done good service. They are personally selected by Lady Roberts and are of the social status and education so desirable is such a service. The uniform is gray, faced with royal blue.

HOLLAND.

The Flower Ladies.—A small society of ladies in Amsterdam, who have for 25 years given books, flowers and fruit to the patients in the city hospitals, celebrated their Silver Jubilee this spring. They are great favorites, and are regular and unobtrusive in their work. One member, at least, has never failed to make her weekly visit in all the 25 years.

DENMARK.

The Young Probationer.—An old nurse in the *Danish Journal of Nursing*, speaks with great judgment and kindliness on the subject of helping the Young Probationer over her early difficulties and disappointments.

FINLAND.

Politics.—Last year in Finland, the nation quietly bestowed on women the right to vote and be voted for. Consequently the new Parliament contains nineteen women among the members, among them a teacher, a journalist, a dressmaker, and a clergyman's wife.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnæ Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.
The Toronto Central Registry of Nurses.
The Toronto General Hospital Alumnæ Association.
The Toronto Grace Hospital Alumnæ Association.
The Toronto Hospital for Sick Children Alumnæ Association.
The Toronto Riverdale Isolation Hospital Alumnæ Association.
The Toronto St. Michael's Hospital Alumnæ Association.
The Toronto Western Hospital Alumnæ Association.
The Winnipeg General Hospital Alumnæ Association.
The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

St. Luke's General Hospital Training School for Nurses, Ottawa.—The usual graduating exercises of the school were held in the hospital on Tuesday, June 4th. One of the hospital wards was used for the function. It lost its identity as such, however, in the tastefully arranged bunting and palms and profusion of flowers. The graduating class consisted of seven, to whom the medals and diplomas were presented by the President of the Ladies' Auxiliary of the Hospital. The nurses were addressed by Mr. Lemieux, Postmaster-General, and the friends of the hospital by Sir Louis Davies. Altogether the function was very bright and attractive. The following week the Alumnæ Association of the school held its annual meeting for the election of officers. Miss Chesley, Lady Superintendent, gave a report of the proceedings of the Ontario Nurses' Association, to which she had been sent as the delegate of the Alumnæ. She strongly urged upon the members the advisability of joining the Association and working with them towards furthering registration.

Guelph General Hospital.—The annual meeting of the Alumnæ Association was held at the Nurses' Home, July 2nd. The following officers were elected: Hon. Pres., Miss O'Neil; Pres., Miss E. Leadlay; Vice-Pres., Mrs. Anderson; Sec.-Treas., Miss M. Walker; Cor. Sec., Miss M. A. Cowin. After the usual business was transacted, a very pleasant social time was spent, refreshments being kindly provided by the Hospital Board of Directors.

Victoria Hospital, Renfrew, was the scene of a very happy gathering at the graduation exercises of the Training School. The three young ladies who received their medals and diplomas were: Miss Louise Watson, Rockingham; Miss Agnes E. Knight, Knightington, and Miss Annie G. Wishart, Kenmore. These three young ladies have completed their preparatory course under most efficient instruction. Miss L. MacAdam, Lady Superintendent, is indeed deserving of much credit for the work done and interest taken in the welfare of her capable pupils. Among those who took part were the Rev. John Hay, who acted as chairman in the unavoidable absence of Mr. S. T. Chown, Chairman of the Hospital Board; Dr. MacCormick, Rev. W. S. Jamieson, Reeve Smallfield, Rev. Father Cote, A. A. Wright, M.P., Mayor McKay, Dr. Mann. Music, both vocal and instrumental, added to the pleasure of the occasion. In the evening a reception was given by the Matron and graduate nurses, which was a very successful and pleasing event.

Correspondence.

A Letter from Jamaica.

Windsor House,
Brown's Town, April 8th, 1907.

Dear Miss Snively,—I have intended writing to you ever since the terrible catastrophe which befell this little island and of which I am sure you have heard, but I have been so busy that I was unable to do so before this.

A few days after the earthquake I went up to Kingston and offered my services at the General Hospital there. The Medical Superintendent seemed very pleased to accept them, as he said, they needed all the trained assistants they could get.

You cannot imagine the condition the place was in. Fortunately the hospital buildings had not been very much damaged, but the patients who had to be admitted were far more than could be accommodated, so they were just brought in and placed on the grass and here they had to lie until sheds were erected over them and these covered with cocoanut boughs, because there was not time to do any roofing. These sheds were afterwards replaced by tents which were sent up from one or the neighboring islands.

Can you imagine amputations and all kinds of operations being done under these conditions? It was impossible to attempt to carry them to the operating theatre, as every minute was of such value at a time like that, and it was really only the prompt attention that saved a great many lives.

All the while I just kept thinking that a battle field must present just such an appearance. I remained up in Kingston for nearly two months and gradually things assumed order.

The tents were a great comfort to the patients, as well as nurses, as they each contained 20 cots, and were equipped after the style of field-hospitals. There was just enough room down the centre, between the cots, for two tables, one we used as a doctor's wash-stand, and on the other we kept medicines, and the shelf underneath was used for dressing-basins, etc.

The linen was all kept in one room, and from this we got our daily supply.

I had charge of what was called "The Compound," which contained 50 beds with women, then I had a tent of 20 beds, also with women, a men's tent of 20 beds, and a children's tent of 20 beds. Each tent had two nurses, but I had charge of them all.

You will know just what it all would mean, when I tell you that they were all sick patients, and as soon as they were considered out of danger, but not even at a convalescent stage, they

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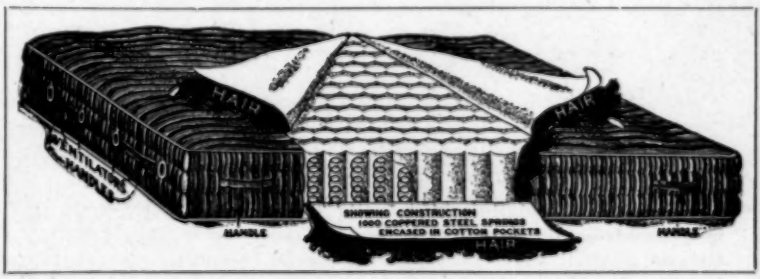

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were removed to other tents, where they were looked after by people who had offered their servics, but who had had no training whatever.

We were kept very busy all the while, and I quite enjoyed the rest when I was able to return home, as accommodation and living generally had been of the very poorest in Kingston.

I am sending you a copy of a letter which I received after my return home. It is from the Senior Medical Officer. He is not only Superintendent of the hospital, but superintends the entire Government Medical Staff throughout the Island. I thought perhaps the letter would be of interest to you. With kindest regards, I am,

Yours sincerely,

E. M. LEVY.

Hospital and Training School Department.

THE new Hospital at Saskatoon will cost $50,000.00.

THE new Quarantine Hospital at Winnipeg is completed.

DR. J. C. MARTIN, of Qu'Appelle, Saskatchewan, died last month of pneumonia, after a very brief illness, at the early age of thirty years.

THE V. O. N. are opening an Emergency Hospital for miners at Van Anda, B.C. This is being equipped by charitable organizations in Vancouver, and will be in affiliation with the mission boat "Columbia."

THE many friends of Mrs. Randolph Williamson (nee Fairley) are pleased to hear of her complete recovery from typhoid. Mrs. Williamson is a graduate of the Chipman Memorial Hospital, St. Stephen, N.B., but now resides in Montreal.

GREAT attention is being devoted at present to the Anti-Tuberculosis Campaign. Editorials in all the leading Canadian papers are taking the matter up. The *Ottawa Citizen*, the *Montreal Herald*, and other papers are among the foremost in this matter.

THE Hon. Rudolphe Lemieux, Postmaster-General of Canada, in his address at the graduating exercises of St. Luke's Hospital, Ottawa, stated that President Roosevelt said to him that in Washington Hospitals Canadian nurses were considered the best.

ONE of the most pleasing features of the recent graduating exercises at Toronto General Hospital was the presentation of the Alumnæ Scholarship, established by the Toronto General Hospital Nurses' Alumnæ Association. The winner was Miss Beatrice Ellis, and the presentation was made on behalf of the Alumnæ Association by the Honorary President, Miss Snively.

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THIS NURSE'S APRON is made of fine but strong cotton, is two yards wide, and finished with eight inch hem. The band is two inches wide and fastens with buttons and button-holes or made with button-holes for studs. Price.....57c

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When ordering, please state waist measure and length of apron required.

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THE **T. EATON Co.** LIMITED TORONTO, CANADA

Dr. W. C. Nickle, of Crystal City, Man., died in the south, after a long illness, a few weeks ago. Dr. Nickle, whose home was in Madoc, Ont., was a graduate of Manitoba Medical College, and a successful physician.

The Nurses' Home in connection with the Hospital, Moncton, N.B., had its formal opening on the evening of May 1st. The residence was crowded with visitors and the opening ceremonies were thoroughly successful. Mayor White delivered the opening address.

Dr. Law, the Medical Health Officer of Ottawa, has recommended to the city authorities the appointment of a graduate nurse to supervise the sterilization and bottling of milk for infants in bottles ready for the infant's use, having a rubber nipple attached. Dr. Law is to ascertain the cost of this plan and make a further report.

The library and reception rooms in the Nurses' Residence of Toronto General Hospital, have been handsomely re-decorated, and re-furnished. The scheme of color carried out in the Brussels rugs and the wall decorations is in several shades of green. The rooms were much admired on the occasion of the graduation garden party last month.

A new steam laundry has been erected and fitted up in connection with St. Joseph's Hospital, Port Arthur, at a cost of $3,000. Last October an elevator was put in at a cost of $2,000. The Hospital Ladies' Aid who worked so faithfully to raise the necessary funds for these improvements, have earned the sincere thanks of the sisters of St. Joseph.

We had the pleasure of welcoming back Miss Evans, Superintendent of the Kootenay Lake General Hospital at Nelson, B.C., on her return for a brief visit to Toronto this summer, the first she has paid here since her appointment to her present important position five years ago. Her friends are delighted to see Miss Evans looking so well.

At the recent annual meeting of the Samaritan Hospital for Women, at Montreal, officers were elected as follows: President, Mrs. Alfred Pennell; first vice-president, Mrs. Farquhar Robertson; second vice-president, Mrs. R. D. McGibbon; honorary treasurer, Mrs. John Payne; honorary secretary, Miss Cramp; assistant to secretary, Miss Glassford. Diplomas were awarded to the following nurses: Miss Slack, of Farnham; Miss McFall, of Lachute; Miss Brodie, of Dalhousie.

The Teulon Presbyterian Hospital was established by the Presbyterian Church as a Missionary Hospital, for foreign settlers, at Teulon, about forty miles north of Winnipeg. It has been in existence now for nearly four years, and is supported by the Women's Home Missionary Society. The county is largely bush and swamp and very hard to clear and drain, consequently the majority of the

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people will be poor for a good while yet. This makes the district a suitable place for philanthropic work. There are settled in Teulon several thousand Galicians, and considerable colonies of Swede, French, German, and other foreign nationalities, in addition to a number of English speaking people. The Hospital is a very pretty frame building with accommodation for fifteen patients. The average daily number of in-patients is eight. In addition to this there is a good deal of out-patient and dispensary work. Some of the patients come from a distance of fifty miles. There are three nurses, Miss E. J. Bell, formerly of Kingston, the lady superintendent; Miss Mabel Davidson, from Toronto, and Miss Mary Aiton, from the Toronto District Nursing Mission.

MRS. HANNA, one of the senior nurses in St. Joseph's Hospital, Port Arthur, has had to take her eight year old son away for the spring months, as he has contracted tuberculosis. They are at present in Bermuda. Mrs. Hanna is one of the graduating class for October, and was the first nurse to enter the training school, when it was started in 1904. We sympathize sincerely with Mrs. Hanna, and hope her boy will be greatly benefited by the change.

AN active canvass which we hope will be very successful, has been begun for the Nurses' Club House for Toronto. It is thought that it will cost about $15,000.00, and the plan of the committee is to erect a club house sufficiently large to accommodate all the departments of nurses' work in the city, such as the Central Registry, Social Club and other organizations. A lecture-room to seat 200 is much needed, and it is intended that the upper stories shall be residential apartments for nurses, with a café, if possible, on the top floor.

THE Victoria Public Hospital has just issued its annual report for 1906. It has a very pleasing and attractive appearance in its neat gray cover and the illustrations including a picture of the Hospital, one of its founders, Lady Tilley, and four views of the interior of the Hospital, add to the interest. The Hospital has had a successful year. The following are the names of the trustees and the medical staff and the house officers. *Board of Trustees*:—President, Hon. F. P. Thompson; vice-president, Mr. T. Carleton Allen. *Trustees Without Office*:—The Mayor of Fredericton, The Secretary-Treasurer of Municipality of York County, Mr. J. H. Barry, Mr. Willard Kitchen, Mr. M. Tennant, Mr. A. H. F. Randolph, G. Clowes VanWart, M.D.; secretary-treasurer, Mr. Chas. A. Sampson. *Medical Staff*:—W. C. Crocket, M.D.; G. C. VanWart, M.D.; J. W. Bridges, M.B.; A. B. Atherton, M.D.; G. J. McNally, M.D.; H. H. McNally, M.D.; W. J. Weaver, M.B.; pathologist, R. H. McGrath, M.D. *House Officers*:—Matron, Miss C. A. McCallum, Graduate Boston City Hospital; superintendent of nurses, Miss Renee J. Kirk, Graduate Victoria Public Hospital, Fredericton, Graduate General Memorial Hospital, New York City.

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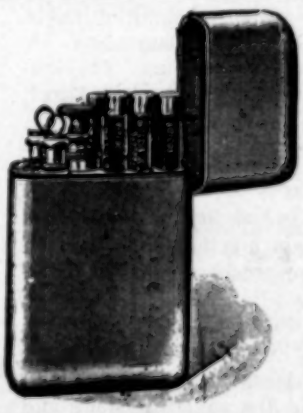

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A NEW departure in out door work has been permitted and encouraged at the Massachusetts General Hospital of Boston, under the auspices of Dr. Richard C. Cabot and others. It consists essentially in the organization of a small corps of social workers to attend to out door patients who need food they cannot get, or a truss which they cannot buy, or a vacation they cannot take, or surcease from worry when Black Care follows them closer than a brother. This social service includes not only temporary financial aid, but practical teaching in hygiene, feeding and living generally.

A MOVEMENT for the establishment of a consumption camp in Montreal is arousing much interest at present. Official statistics show that there are in Montreal about 4,000 persons who are now suffering from this dreadful disease, and about 700 deaths every year there are due to the same cause. Dr. E. J. C. Kennedy, said that he thinks at least 1,500 people die every year from tuberculosis in Montreal, a number being really due to tuberculosis, though the terminal infection may be of some other character. Such a camp would be a great aid in providing supervised home relief and careful instruction to the sufferers for their own benefit and the safety of others.

DR. GRACE RITCHIE-ENGLAND, Dr. Elizabeth Mitchell, Dr. Helen MacDonald, and other ladies practising in Montreal, have a very successful clinic for women. This Dispensary for Women was first opened in February, 1906, at 47 Guy street. During the first year the consultations numbered 1,294. It has now been decided to extend the work so as to include infants and children. In future medical advice may be obtained by poor women and children free of charge at 10 a.m. on Mondays, Wednesdays and Thursdays. A small sum will be charged for medicine and dressings. The Dispensary has moved from its former quarters to 84 St. Felix street, north of St. James street west.

THE present and former members of the House-staff of Toronto General Hospital, now numbering upwards of 200, have formed among themselves a Medical Association, which held its second annual dinner at the King Edward Hotel, during the recent meeting of the Ontario Medical Association. The president, Dr. J. F. W. Ross, gave an interesting history of the Hospital, which was founded in 1819, when the population of Toronto was about 1,000. The first building was a two-storey one, and was located somewhere in the block which is now bounded by King, Adelaide, Peter and John streets. Dr. Christopher Widmer was the first superintendent, and held the office for thirty-five years. The Hospital owed its existence to the military surgeons who were then stationed in the city. The officers for the year were elected and are as follows:—Dr. W. P. Caven, president; Dr. Alexander Taylor, Goderich, vice-president; Dr. J. N. E. Brown, secretary; Dr. W. B. Hendry, treasurer, and Drs. R. H. Robinson, George Greenway, and C. B. Shuttle-

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

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worth, the committee. Dr. Taylor, Goderich, who was House surgeon in 1869, and was the oldest of the former staff present at the banquet, was made an honorary member of the association, as were also Dr. L. F. Barker, of Baltimore, and Dr. Charles O'Reilly.

Two additional scholarships will be awarded next year to the nurses of the T. G. H. Training School. The first, of $50, given by Mrs. W. T. White, is for the Intermediate year; and the second, of the same amount, is for the Junior year, and is to be called the "Arthur McCollum Scholarship." Dr. Arthur McCollum was the first Superintendent of the T. G. H., and the scholarship is established by his wife.

THE Montreal Western Hospital very much regret parting with Miss Rahno Aitken (T. G. H.). On the eve of her departure a large dance was given for her, at which the Board of Management presented her with an illuminated address and a purse of gold containing $275, while the nurses in training gave her a beautiful gold and pearl brooch. The Stamp Boys' Club of Westmount (a boys' club much interested in Hospital work), presented Miss Aitken with a most useful leather shopping bag, containing a dear little watch. The dance was given in the new Hospital, which as yet has not been opened to patients. It is rumored that one of the private wards in the new Hospital will be called the Aitken Ward. Miss Craig, graduate of St. Luke's Hospital, Chicago, succeeds Miss Aitken as superintendent.

NINETY shares of stock, par value $5, have now been subscribed for in the Toronto Graduate Nurses' Club—a very good beginning. These shares have been taken by sixty nurses, one nurse taking ten shares, another six, and several two shares each, with a prospect of more. The money for these shares, with something over $525, the proceeds of the Grand Opera House entertainment, will form a good nucleus for further work in the autumn. Plans are now being discussed which will probably be carried out in the winter of 1907-8, and materially add to the funds. Mr. John Ross Robertson has made the excellent practical suggestion that each of the 400 nurses in Toronto pay $10, thus providing at once a fund of $4,000, which will help to lessen the apparently inevitable mortgage on the new clubhouse.

THE "Made-in-Canada" Fair at Guelph during the week of June 17th, in aid of the Guelph General Hospital, has been a wonderful success. Nothing else has been talked of in the city for a long time, and when His Honour Lieutenant-Governor Clarke came up from Toronto and opened the Fair, even the citizens of Guelph most in the secret were amazed at the variety, beauty and real merit of the Fair. Everything and everybody was there. Mrs. Jarley, boot blacks, home-made booths, weighing machines, shooting galleries, votes for the most popular man at five cents

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per vote, departmental, cereal and dairy stalls, may pole, fish pond, Italian, Japanese, ribbon, hardware, paper, Red Cross, and candy stalls, ice cream, post office, and high tea. All Guelph was there all the time, and among the visitors from a distance were His Lordship Dowling and Father Mahoney of Hamilton. The bowlers from Berlin also visited every stall and won golden opinions. The proceeds will probably be well over $2,000.

UNDER the authority of the Board of Superintendents and the School Board of Boston, an examination was held in the Girls' High School on June 15th for the twenty-one appointments for City Nurse in Boston. The supervising nurse receives a salary of $924 for the first year, with an annual increase of $48 to a maximum salary of $1,116. That of assistant is to be $648 the first year, with an annual increase of $48 to a maximum of $840. Temporary assistant nurses are to be paid $2 a day of actual service, with days of one session counting as full days. Under the special Act of the Legislature $10,000 was appropriated for the employment of nurses from September to December, 1907, inclusive. After this year there will be $25,000 a year available for the purpose. The nurses are to be in actual service eleven months of the year, being on duty at the vacation schools as well as during the regular school year, and are to have four weeks' vacation. The examinations will be conducted on the basis of 1,000 points for qualification, of which experience will count 150; English language and grammar, including spelling of words used in connection with nursing and medicine, 50; arithmetic, 50; principles and progress of nursing and general medicine, 300; dietetics, foods and cookery, 200; anatomy and physiology, 100; oral examination and demonstration exercises to test the skill of the candidate, 150.

WE are permitted to make a few extracts from the Twenty-sixth Annual Report of the Toronto General Hospital Training School for Nurses, by the Superintendent, Miss Snively. Number of applications received during the past eight months, 418. Forty-six of these entered the School on probation, thirty-two were ultimately accepted. The present staff of the School therefore is as follows: Assistants, 2; night supervisor, 1; head nurses, 5; pupils, 84; probationers, 12. An average of ten additional graduate nurses daily have been employed on special duty. Total number of graduates, 470. During the last eight months, in addition to the practical work in the wards, there have been 106 demonstrations in the various details connected with nursing the sick, such as bed-making, the administration of baths, changing of sheets, etc.; there have been 85 classes, conducted by the Superintendent of the School and her assistants, and 95 lectures, delivered by various members of the visiting staff. There have been many calls for nurses to fill hospital positions during the year, and the following nurses have received appointments: Carrie Bowman, Superinten-

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Cambric Insertions. Cambric Insertions, from 1 inch to 4 inches wide, per yard, **5c** to **40c.**

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dent, General Hospital, Portage la Prairie, Man.; Lucy Hurlburt, Superintendent, Freemason's Hospital, Morden, Man.; Mary McIsaac, Superintendent, General Hospital, Edmonton, Alta.; Catherine Menzies, Superintendent, Northern Pacific Hospital, Tacoma, Wash.; Lottie Lawson, Superintendent, Sanitarium, Gravenhurst, Ont.; Berta Brydon, Superintendent, Victoria Hospital, Barrie, Ont.; Alice J. Scott, Lady Superintendent, General Hospital, Kingston, Ont.; Marie Snell, Assistant Supt. of Nurses, Jewish Hospital, Cincinnati, Ohio; Nellie McHoull, Assistant Supt. of Nurses, Marion Sims Hospital, Chicago, Ill.; Lillian Sargent, Assistant Supt. of Nurses, General Hospital, Edmonton, Alta.; M. E. Graham, Night Supervisor, General Hospital, Vancouver, B.C.; Ethel Somerville, Night Supervisor, General Hospital, Edmonton, Alta.; Gertrude Moore, Head Nurse, Private Hospital, Minneapolis. Two graduates engaged in missionary work—Sara Simpson from India, and H. McKim from Persia—have visited the School this year, the latter giving a very interesting talk to the nurses regarding her hospital work in that distant land.

THE Walker Theatre at Winnipeg was the scene of a very large and remarkable gathering last month, when the Rev. Dr. Moore, of Ottawa, delivered an address, the like of which is seldom heard, either from a layman or a physician, on the subject of Tuberculosis. The Mayor of Winnipeg presided and among others present were His Honor the Lieutenant-Governor of Manitoba, Sir Daniel McMillan, K.C.M.G., the Premier of Manitoba, the Hon. T. M. Daly, Dr. Sutherland, W. H. Reeve, H. W. Gordon, C. C. Chipman, E. L. Drewry, and Dr. Dalgleish. His Worship the Mayor opened the meeting by a brief and sympathetic address, and introduced the lecturer who gave a brief history of the treatment of consumption at different ages of the world's history, and stated that the number of deaths every year in Canada, from the cause alone, was 12,000. The speaker then explained the cause of consumption, showed how consumption can be cured, and that it is not hereditary. Mr. E. L. Drewry, one of the trustees of the Sanitarium, then spoke, at the invitation of His Worship and said that those who had come that afternoon had evidently their hearts in the right place and were touched with sympathy for the suffering. Their presence was a good augury to the trustees of the Sanitarium movement, which must and would succeed. Some $30,000 had already been subscribed of the required $75,000. The latter sum was needed to put up the initial building, which would then be added to as occasion demanded. It was only in accordance with the spirit of the present century for men and women to aid in a work productive of so much good. He hoped great things from the month's sojourn of Dr. Moore in the Canadian west. The Hon. T. M. Daly hoped that Dr. Moore would return to Ottawa with the satisfaction that he had opened the eyes of the mass of people to the fearful effects of the terrible scourge that consumption was throughout the length and

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breadth of the land. The Lieutenant-Governor then addressed the meeting. Two features in the address appeared to him specially worthy of notice. One was the answer given by Dr. Moore to the question whether consumption could be cured. If that question had been asked a few years ago, the answer in ninety-nine cases out of a hundred would have been that it could not. Dr. Moore had not only told them that consumption could be cured, but he had also told them how it could be cured. The other feature of the address that struck him was what Dr. Moore had to say as to how the disease was spread, and the means to be taken to prevent contagion. It was our duty to take steps to forward the movement, and he believed that when they realized the dangers they would be prepared to do even more than they had done in the past in order to help Dr. McInnis in the good work he had in hand. The chairman expressed the thanks of the meeting to Dr. Moore for his address, and also to the proprietors of the theatre for the use of the building.

THE Montreal Western (General) Hospital is to be almost entirely rebuilt. The present building, erected in 1872, was used as a special Hospital for some years, but became a General Hospital in 1894, when it was re-organized. Owing to the growing wants of the west end district for hospital service, due in a measure to the accidents occurring in the factories and mills of the lower city level, cases have been refused, sometimes daily, the old building with its limited accommodation having been filled up. Under these conditions the governors decided some time ago to build a fireproof wing, and this is now about to be opened for the reception of patients. This new wing will have about one hundred beds, including twenty-two private wards. It has been built with all the most modern improvements and conveniences in lighting, heating and ventilation with the latest medical and surgical appliances and instruments. When completed this will be of immense service to the district tributary to the institution. The erection of the new wing now renders an appeal for funds necessary, for the Hospital is supported entirely by public benevolence. The cost of the new building will be about $75,000, and the committee of management have decided to endeavor to raise a special fund of $100,000 to cover this cost, and also to provide a small amount for necessary alterations and improvements. About one-third of the sum is said to be practically in sight, but the committee hope to secure it all in the immediate future, either in present payments or payments extended over five years. The good work done by the Hospital in the many years of its existence warrants the committee in thinking that their object will soon be attained, and the funds wanted readily secured. In its public department it serves a large and growing manufacturing district situated in the south-western part of the city. The management are anxious to be in a position to handle promptly and efficiently the numerous emergency calls from this district. They feel assured that with this object in view they will have the hearty

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support of the many manufacturers and others whom they can thus serve. The growing desire on the part of the wealthier classes to obtain the best Hospital treatment when sickness arises and at the same time to secure the attendance of their own private physician, has led the committee to pay special attention to the private ward department. In fitting up twenty-two private wards where patients will have the best nursing and general care under the supervision of their family medical attendant, the committee feel that they are supplying a want specially urgent at the present time, when it is almost impossible to obtain private wards in any of the larger Montreal Hospitals. This department will always be self-sustaining. The president of the Hospital Board, Mr. Charles F. Smith, and the Committee of Management, are to be congratulated upon the skill and success with which they have conducted the affairs of the Hospital. To the former superintendent, Miss Rahno Aitken, whose executive ability and administrative power were of a very high order, is also due in a great measure the success of the Hospital, and we have no doubt that these traditions will be amply fulfilled by her successor, Miss Craig.

THE LETTER FROM PARIS.

PARIS, France, June 22, 1907.

DEAR CANADIAN NURSE,—Would that all our nurses had attended the Paris conference The papers have been most helpful and inspiring, and the intercourse with so many whole-souled and enthusiastic professional women.

And the people of Paris have received us royally and treated us with such charming hospitality that the Paris conference will long remain a delightful memory. Let me tell you something of our happy experiences.

On Monday afternoon Mlle. Chaptal received the delegates at her splendid training school, Maison-Ecole d'Infirmiéres Privées. And on Tuesday afternoon we were received by the Municipal Council of Paris in the magnificent Hotel de Ville—a great honor. Madame Alphen Salvador, Vice-President of the Conference, received us at her nursing school in the Rue Amyot on Wednesday afternoon. Madame Salvador is the founder and president of this school, which is only in its infancy, but for which great things are predicted in the future.

Again, on Thursday, Madame Salvador was our hostess, when she escorted us to Versailles, where we visited the Grand Palais and other places of interest and were entertained to tea at the Girls' College. A most delightful afternoon was enjoyed. In the evening the Conference Banquet was held at the Hotel Continental.

The Baroness James de Rothschild entertained a party of

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sixty to lunch at the fine old inn at Chantilly on Friday and gave them a visit to the chateau and grounds.

Mrs. Edmond Kelly invited the other members to a picnic at St. Germain, which was a great success. Is it any wonder we are charmed with the people of Paris and grateful for their untiring efforts on our behalf.

The opening session was wholly in French. It was most impressive to see the interest taken by so many medical men who honored our Conference not only by their presence but by their papers.

In the afternoon Miss Nutting spoke on "A Hospital Preparatory Course for Nurses," Fraulein Karl gave a very interesting account of "The Progress of Nursing Education in Germany." The training required there was only five months, sometimes three months, but gradually there has been improvement, and now one year's training is necessary. The German Nurses' Association has provided for a second year, so this shows steady progress and testifies to the perseverance of the nurses. We are not surprised that things are progressing under Fraulein Karl.

Then followed an interesting account of the nursing movement in Finland. In 1886 their Nurses' Association, now numbering 300 members, was founded, and the organized training was one year. The time is now one and a half years. They owe their inspiration to a nurse who trained in England and met Florence Nightingale. Their preliminary training school was opened last August; course, two months.

Miss Dock spoke briefly on "The Hospital Economics' Course at Teachers' College, Columbia University, New York." This course was founded by the Association of Superintendents of Training Schools to supply the needed training in general management of large institutions and in teaching. At first the course consisted entirely of theoretical training, but now there are five large hospitals affiliated with the University, and the practical training necessary is possible. The discussion was opened by Miss Keith Payne, New Zealand. There they have the eight-hour system in hospitals, and state registration for nurses. The nurses take their examination in anatomy and physiology at end of second year and their final in nursing at end of third year. They have a Private Nurses' Association and a home in which the nurses may live.

Mlle. Chaptal emphasized three things in her paper, "Assistance to the Wives and Infants of Workingmen": (1) Mother must nurse her child herself; (2) she should be instructed in principles of hygiene and proper care of child before its birth, and (3) she should be supplied with nourishing food, if necessary, rather than encourage her to wean the child by supplying milk for it.

Mrs. Robb conveyed the greetings of the Associated Alumnæ

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of the U. S. to the Conference, and then read Miss Johnson's paper, "The Part of the Trained Nurse in the Campaign against Tuberculosis": (1) Care of individual patient by seeing he gets plenty of nourishing food and an abundance of fresh air; (2) educate people as to nature of disease and means of preventing its spread. (3) See that instructions given patient at clinic are carried out in the home and persisted in till benefit is realized. The patient must be made to realize that his own recovery and the safety of his family are in his own hands. (4) Report all removals of families where the disease is present to the Health Department, so that houses may be disinfected. All in infected households should be kept under surveillance. Compulsory registration of all infected cases is the only means of thoroughly doing the work. The dispensary nurse is indispensable in this campaign. Her work is instructive and preventive.

"The Nurse in the Public Schools" next claimed consideration, and it was shown that the nurse had as large and important a field of usefulness here as in any branch of her work. The ministrations of the nurse often prevent the child having to be kept out of school. The nurse should not be an inspector, but should do as much nursing as possible for the school children. If the nurse has an order from the physician in charge for all minor dressings, she can then attend to all routine work, and so leave the physician more time for thorough examination of children.

"The Nursing of the Poor in Their Own Homes."—The visiting nurse does an invaluable work here. To be thoroughly equipped, she must have the best hospital training, and also experience in private nursing, if possible. The whole work of the visiting nurse is one great educational effort.

Lady Hermione Blackwood spoke of the work of the Queen's Nurses in the west of Ireland, where they have so many superstitions as well as numerous other difficulties to overcome. The educational and preventive part of the work is not the least important, for thus the nurse raises the standard of the population among which she works. The district nurse does a great work, and must distrust all methods that tend to pauperize the people. For her important work she needs more, not less, training. Miss Maxwell spoke of the plan in New York, where pupil nurses are sent out to do district nursing in first part of third year for two months.

The closing session on Thursday was taken up with the consideration of "Professional Organization" and "The History of the Professional Nursing Press." Great progress has marked these two branches in the last twenty years, and the papers were followed with the keenest interest.

Mrs. Bedford Fenwick led the discussion in an excellent paper on "The Organization of the Nursing Profession: By its Members; by the State."

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Mrs. Robb then read Miss Sly's paper, "Report on Organizations and Laws in the United States."

The work was inaugurated by the organization of the Society of Superintendents of Training Schools, which stood for educational questions. Following this Alumnæ Associations in each school were formed, and in 1897 was held the first meeting of the Associated Alumnæ of the United States.

State Associations were organized to work for State registration. There are 29 of these, and as a result 14 States have State registration. Two States require a three years' course; the rest, two. Physicians have strongly opposed this movement, as they thought they should have representation on the Central Board.

Mrs. Kildare Treacy, Dublin, compared the condition of hospitals twenty years ago, when there was little skilled training and no organization, with that prevailing now, when skilled training is the rule and organization is advancing so favorably. She told us of the Nurses' Club in Dublin, where the reading room is supplied with nursing and other literature, and where lectures are given by eminent medical men and others.

The Conference emphasized the value of the professional press, and I was most proud to represent THE CANADIAN NURSE. The following are the journals represented: *British Journal of Nursing*, 1888; *American Journal of Nursing*, 1900; *Nosokomos*, 1900; *St. John's House Nurses' League News*, 1901; *Nurses' Journal of the Pacific Coast*, 1904; *The Queen's Nurses' Magazine*, 1904; *The Canadian Nurse*, 1905; *The Visiting Nurse Quarterly*, 1905; *Kingston Infirmary Nurses' League Journal*, 1906; *Unterm Lazaruskreuz*, 1906; *La Garde-Malade Hospitalière*, 1906. Two others appeared on the programme, but they were not represented.

The last evening Mrs. Bedford Fenwick entertained those interested in journals, and representing them, to dinner, and we had a delightful time discussing the work. It is most interesting to hear of the struggles and successes of others, and they are not so different to our experiences, no matter in which country the work is carried on. Several delegates have told me how much they enjoyed reading THE CANADIAN NURSE.

This Conference, I feel sure, will mark the beginning of a great advance in our work. I am sorry this report is so fragmentary, owing to my inability to follow the papers given in French, but I trust all our nurses will obtain a report of the Conference from the Hon. Secretary, Miss L. L. Dock.

Very sincerely yours,

B. CROSBY.

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Invalid and Convalescent Cookery. By MARY E. BIRT. Bristol: John Wright & Co. 6d.

In the twenty-three pages of this neat little pamphlet there are fifty or more excellent recipes, all made by the writer herself. They are both dainty and practical.

Nursing—General, Electrical and Surgical. By W. J. HADLEY, M.D., F.R.C.S. London: J. & A. Churchill. 3s. 6d.

Dr. Hadley, one of the lecturers to nurses at the London Hospital, has prepared a second edition of his well-known text-book, which was first issued in 1901, and has been favourably received. It is a useful and practical treatise, and we are glad to have an opportunity of examining it; but at the same time, on the subject of nursing, we prefer the text-books written by nurses themselves. This, of course, is rather a text-book having as its basis lectures on medicine as delivered to nurses, and as such is a valuable book for any nurse's library.

Surgical Nursing. By RUSSELL HOWARD, M.B., B.S. (Lond.), F.R.C.S. (Eng.) London: Edwin Arnold. 6s.

This is an attractive and valuable book. Mr. Russell Howard is also one of the lecturers to nurses at the London Hospital, and has used his lectures as the basis of this work. It covers, in brief space, a great deal of ground in a thorough and scientific manner, and will be found useful for reference.

Accidents and Emergencies. By C. W. DULLES, M.D. Philadelphia: P. Blakiston's Son & Co.

Five large editions of this excellent little book have already been exhausted, and this, as well as other facts, show it to be one of the best books of the kind. We do not agree with the direction to deluge with water an eye into which lime has found its way (p. 27), and the most useful procedure in slight frostbite (rubbing gently with fur) is not mentioned (pp. 53, 54). The section on Poisons and that on Domestic Emergencies are specially good.

SPECIAL NOTICE.—Our readers are reminded that a very important event will take place in Montreal on September 11th and 12th, that being the date of the first annual meeting of the

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